

Fill in this information to identify the case:

United States Bankruptcy Court for the:

Northern District of Texas

(State)

Case number (if known): Chapter

☐ Check if this is an amended filing

Official Form 205

Involuntary Petition Against a Non-Individual

12/15

Use this form to begin a bankruptcy case against a non-individual you allege to be a debtor subject to an involuntary case. If you want to begin a case against an individual, use the *Involuntary Petition Against an Individual* (Official Form 105). Be as complete and accurate as possible. If more space is needed, attach any additional sheets to this form. On the top of any additional pages, write debtor's name and case number (if known).

Part 1: Identify the Chapter of the Bankruptcy Code Under Which Petition Is Filed

1. Chapter of the Bankruptcy Code

Check one:

☒ Chapter 7

☐ Chapter 11

Part 2: Identify the Debtor

2. Debtor's name

Health: ELT, LLC

3. Other names you know the debtor has used in the last 8 years

Health Plan Resources, LLC

Include any assumed names, trade names, or doing business as names.

4. Debtor's federal Employer Identification Number (EIN)

☐ Unknown

4 6 - 2 0 1 4 3 5 7
EIN

5. Debtor's address

Principal place of business

11700 Preston Road

Number Street

SUITE 620-211

Dallas TX 75230
City State ZIP Code

Dallas
County

Mailing address, if different

Number Street

P.O. Box

City State ZIP Code

Location of principal assets, if different from principal place of business

Number Street

City State ZIP Code

Debtor Health: ELT, LLC
Name

Case number (if known) _____

6. Debtor's website (URL) http://healthelt.com/

7. Type of debtor
☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))
☐ Partnership (excluding LLP)
☐ Other type of debtor. Specify: _____

8. Type of debtor's business
Check one:
☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
☐ Railroad (as defined in 11 U.S.C. § 101(44))
☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
☒ None of the types of business listed.
☐ Unknown type of business.

9. To the best of your knowledge, are any bankruptcy cases pending by or against any partner or affiliate of this debtor?
☒ No
☐ Yes. Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY
Debtor _____ Relationship _____
District _____ Date filed _____ Case number, if known _____
MM / DD / YYYY

Part 3: Report About the Case

10. Venue
Check one:
☒ Over the last 180 days before the filing of this bankruptcy, the debtor had a domicile, principal place of business, or principal assets in this district longer than in any other district.
☐ A bankruptcy case concerning debtor's affiliates, general partner, or partnership is pending in this district.

11. Allegations
Each petitioner is eligible to file this petition under 11 U.S.C. § 303(b).
The debtor may be the subject of an involuntary case under 11 U.S.C. § 303(a).
At least one box must be checked:
☒ The debtor is generally not paying its debts as they become due, unless they are the subject of a bona fide dispute as to liability or amount.
☐ Within 120 days before the filing of this petition, a custodian, other than a trustee, receiver, or an agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

12. Has there been a transfer of any claim against the debtor by or to any petitioner?
☒ No
☐ Yes. Attach all documents that evidence the transfer and any statements required under Bankruptcy Rule 1003(a).

Name of Petitioner	Nature of Petitioner's Claim	Amount of Claim above the value of any lien
Neil Dorflinger Roth IRA	Series A units	\$250,000
Neil Dorflinger Roth IRA	Series C units, coupon payments in arrears	\$264,000
MacFarland 2016 Family Trust	Series C units, coupon payments in arrears	\$396,000
Mike Hartwell	Series C units, coupon payments in arrears	\$132,000
Total of petitioners' claims:		\$1,042,000.00

Health: ELT, LLC

Debtor Name Case number (if known)

13. Each petitioner's claim	Name of petitioner	Nature of petitioner's claim	Amount of the claim above the value of any lien
	see attached		\$
			\$
			\$
			\$
	Total of petitioners' claims		\$

If more space is needed to list petitioners, attach additional sheets. Write the alleged debtor's name and the case number, if known, at the top of each sheet. Following the format of this form, set out the information required in Parts 3 and 4 of the form for each additional petitioning creditor, the petitioner's claim, the petitioner's representative, and the petitioner's attorney. Include the statement under penalty of perjury set out in Part 4 of the form, followed by each additional petitioner's (or representative's) signature, along with the signature of the petitioner's attorney.

Part 4: Request for Relief

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Petitioners request that an order for relief be entered against the debtor under the chapter of 11 U.S.C. specified in this petition. If a petitioning creditor is a corporation, attach the corporate ownership statement required by Bankruptcy Rule 1010(b). If any petitioner is a foreign representative appointed in a foreign proceeding, attach a certified copy of the order of the court granting recognition.

I have examined the information in this document and have a reasonable belief that the information is true and correct.

Petitioners or Petitioners' Representative

Name and mailing address of petitioner

Neil Dorflinger Roth IRA

Name
5527 Farquhar
Number Street
Dallas TX 75209
City State ZIP Code

Name and mailing address of petitioner's representative, if any

Kathy Klein, Agent for Custodian
Name
4465 S. Jones Blvd.
Number Street
Las Vegas NV 89103
City State ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/6/2019
MM / DD / YYYY

x Kathy Klein Trust Officer
Signature of petitioner or representative, including representative's title

Attorneys

Howard Marc Spector

Printed name
Spector & Cox PLLC
Firm name, if any
12770 Coit Rd #1100
Number Street
Dallas TX 75251
City State ZIP Code

Contact phone 2143655377 Email hms7@cornell.edu

Bar number 00785023

State TX

x [Signature]
Signature of attorney

Date signed 11-7-19
MM / DD / YYYY

Debtor Health: ELT, LLC

Case number (if known)

Name and mailing address of petitioner

MacFarland 2016 Family Trust

Name

5 Heather Glen Circle

Number Street

Trophy Club TX 76262

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Chris MacFarland, Trustee

Name

5 Heather Glen Circle

Number Street

Trophy Club TX 76262

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/06/2019

MM / DD / YYYY

x  Trustee

Signature of petitioner or representative, including representative's title

Howard Marc Spector

Printed name

Spector & Cox PLLC

Firm name, if any

12770 Coit Rd #1100

Number Street

Dallas TX 75251

City

State

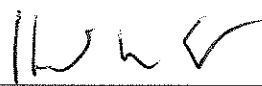
ZIP Code

Contact phone 2143655377 Email hms7@cornell.edu

Bar number 00785023

State

TX

x  Signature of attorney

Date signed

11-7-19

MM / DD / YYYY

Name and mailing address of petitioner

Mike Hartwell

Name

6274 S. Elati St.

Number Street

Littleton CO 80120

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City


State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on

MM / DD / YYYY

x  Signature of petitioner or representative, including representative's title

Pro Se

Printed name

Firm name, if any

Number Street

City

State


ZIP Code

Contact phone

Email

Bar number

State

x  Signature of attorney

Date signed

MM / DD / YYYY

Debtor Health: ELT, LLC
Name

Case number (if known) _____

Name and mailing address of petitioner

MacFarland 2016 Family Trust

Name

5 Heather Glen Circle

Number Street

Trophy Club TX 76262

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Chris MacFarland, Trustee

Name

5 Heather Glen Circle

Number Street

Trophy Club TX 76262

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on _____
MM / DD / YYYY

☒ _____ Trustee

Signature of petitioner or representative, including representative's title

Howard Marc Spector

Printed name

Spector & Cox PLLC

Firm name, if any

12770 Coit Rd #1100

Number Street

Dallas TX 75251

City

State

ZIP Code

Contact phone 2143655377 Email hms7@cornell.edu

Bar number 00785023

State TX

☒

Signature of attorney

Date signed _____
MM / DD / YYYY

Name and mailing address of petitioner

Mike Hartwell

Name

6274 S. Elati St.

Number Street

Littleton CO 80120

City

State

ZIP Code

Name and mailing address of petitioner's representative, if any

Name

Number Street

City

State

ZIP Code

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11/6/2019
MM / DD / YYYY

☒ Mike Hartwell
Signature of petitioner or representative, including representative's title

Pro Se

Printed name

Firm name, if any

Number Street

City

State

ZIP Code

Contact phone _____ Email _____

Bar number _____

State _____

☒

Signature of attorney

Date signed _____
MM / DD / YYYY